

Please type a plus sign (+) inside this box →
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-35979
First Named Inventor or Application Identifier	Mukesh Kumar Singh
Express Mail Label No.	EV33318625US
Title	Cryptosystems

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/445,676 filed 2/6/2003.--

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 20]	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R&D	
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)	[Total Sheets 2]
4. Oath or Declaration	[Total Pages]
a. <input type="checkbox"/> Newly Executed (original or copy)	8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)	9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
[Note Box 5 below]	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> English Translation Document (if applicable)
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other:	

ACCOMPANYING APPLICATION PARTS

- 8. Assignment Papers (cover sheet & Documents(s))
- 9. 37 CFR §3.73(b) Statement
(when there is an assignee) Power of Attorney
- 10. English Translation Document (if applicable)
- 11. Information Disclosure
Statement (IDS)/PTO-1449 Copies of IDS
Citations
- 12. Preliminary Amendment
- 13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 14. Small Entity Statement(s) Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired
- 15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 16. Other:

**A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.*

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: /
Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **23494** or Correspondence address below
(Insert Customer No. or Attach bar code label here)

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-4365	FAX (972) 917-4418

Name (Print/Type)	Carlton H. Hoel	Registration No. (Attorney/Agent)	29,934
Signature			Date 2/5/2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

FEE TRANSMITTAL For FY 2004		Complete if Known	
		Application Number	
		Filing Date	2/5/2004
		First Named Inventor	Mukesh Kumar Singh
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT		\$770	Attorney Docket No.
		TI-35979	

METHOD OF PAYMENT (Check all that apply)				FEE CALCULATION (continued)																																																																																																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> Credit Card Order <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 20-0668 Deposit Account Name Texas Instruments Incorporated				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>205</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>465</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>725</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>160</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>140</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>650</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>650</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>315</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>375</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>375</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>375</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> </tbody> </table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840	1251	110	2251	55	1252	420	2252	205	1253	950	2253	465	1254	1,480	2254	725	1255	2,010	2255	1,005	1401	330	2401	160	1402	330	2402	160	1403	290	2403	140	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,330	2453	650	1501	1,330	2501	650	1502	480	2502	240	1503	640	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	375	1810	770	2810	375	1801	770	2801	375	1802	900	1802	900
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The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Description Fees Paid																																																																																																																											
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr> </tbody> </table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	1002	340	2002	170	1003	530	2003	265	1004	770	2004	385	1005	160	2005	80	Fee Description Fee Paid \$770																																																																																															
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>14</th> <th>3</th> <th>-20 **</th> <th>= 0</th> <th>\$18</th> </tr> <tr> <th></th> <th></th> <th>- 3 **</th> <th>= 0</th> <th>\$86</th> </tr> </thead> <tbody> <tr><td colspan="5" style="text-align: center;">SUBTOTAL (2) \$0</td></tr> </tbody> </table>				Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid	14	3	-20 **	= 0	\$18			- 3 **	= 0	\$86	SUBTOTAL (2) \$0																																																																																																												
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SUBMITTED BY				(Complete if applicable)	
Name (Print/Type)	Carlton H. Hoel	Registration No. (Attorney/Agent)	29,934	Telephone	(972) 917-4365
Signature					
Date	2/5/2004				

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This collection of information is required by 37 CFR 1.17 and 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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